

| POSITION                  | INITIALS    | ID NO.        | DATE            |
|---------------------------|-------------|---------------|-----------------|
| FEE DETERMINATION         |             |               |                 |
| O.I.P.E. CLASSIFIER       | <i>W.D.</i> | <i>45</i>     | <i>10/21</i>    |
| FORMALITY REVIEW          | <i>B-1</i>  | <i>JC 873</i> | <i>11-16-00</i> |
| RESPONSE FORMALITY REVIEW |             |               |                 |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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